

436 NETWORK STANDARDS

EFFECTIVE DATES: 10/01/13, 01/01/14, 10/01/15, 07/01/16, 10/01/17, 10/01/18

REVISION DATES: 10/01/13, 12/19/13, 09/17/15, 03/17/16, 11/01/16, 03/30/17, 11/02/17, 02/05/18, 04/05/18

I. PURPOSE

This Policy applies to AHCCCS Complete Care (ACC), ALTCS/EPD, DES/DDD (DDD), and RBHA Contractors. The Contractor shall develop and maintain a provider network that is sufficient to provide all covered services to AHCCCS members (42 CFR 438.206(b)(1)). This Policy establishes Contractor network standards for all Contractors.

Under A.R.S. §8-512(D), members enrolled with DCS/CMDP can receive care from any AHCCCS-registered provider. As a result, DCS/CMDP is exempted from the reporting requirements outlined in this Policy. DCS/CMDP has developed a ‘Preferred Provider Network’ that it recommends to members who do not have a chosen provider, DCS/CMDP shall consider the standards outlined in this Policy when evaluating the Preferred Provider Network.

II. DEFINITIONS**ADULT FOSTER CARE
(AFC) HOME**

An ALTCS approved alternative home and community based setting that provides room and board, supervision and coordination of necessary adult foster care services within a family type environment for at least one and no more than four adult residents who are ALTCS members. For the purposes of this policy, an AFC is defined as a facility operating using the AHCCCS provider type 50 “Adult Foster Care”.

**ASSISTED LIVING
CENTER (ALC)**

An ALTCS approved alternative home and community based setting that provides supervision and coordination of necessary services to 11 or more residents (as defined in A.R.S. §36-401). For the purposes of this policy, an ALC is defined as a facility operating using the AHCCCS provider type 49 “Assisted Living Center”.

**ASSISTED LIVING
FACILITY (ALF)**

An Assisted Living Facility (ALF) is a residential care institution that provides supervisory care services, personal care services or directed care services on a continuing basis. All ALTCS approved residential settings in this category are required to meet ADHS licensing criteria as defined in 9 A.A.C. 10, Article 8. Of these facilities, ALTCS has approved three as covered settings. Three types of ALFs are relevant to this policy, ALC, Assisted Living Homes and AFC Homes.

**ASSISTED LIVING HOME
(ALH)**

An ALTCS approved alternative home and community based setting that provides supervision and coordination of necessary services to 10 or fewer residents. For the purposes of this policy, an ALH is defined as a facility operating using the AHCCCS provider type 36 “Assisted Living Home”.

**BEHAVIORAL HEALTH
OUTPATIENT AND
INTEGRATED CLINIC,
ADULT**

A class of health care institution without inpatient beds that provides physical health services and/or behavioral health services for the diagnosis and treatment of patients. For the purposes of this policy, a Behavioral Health Outpatient and Integrated Clinic is defined as facility operating using the AHCCCS provider types 77 “Behavioral Health Outpatient Clinic” and IC “Integrated Clinic”.

The time and distance for these providers is measured using the Contractor’s population of members aged 18 years or older.

**BEHAVIORAL HEALTH
OUTPATIENT AND
INTEGRATED CLINIC,
PEDIATRIC**

A class of health care institution without inpatient beds that provides physical health services and/or behavioral health services for the diagnosis and treatment of patients. For the purposes of this policy, a Behavioral Health Outpatient and Integrated Clinic is defined as facility operating using the AHCCCS provider types 77 “Behavioral Health Outpatient Clinic” and IC “Integrated Clinic”.

The time and distance for these providers is measured using the Contractor’s population of members under the age of 18 years old.

**BEHAVIORAL HEALTH
RESIDENTIAL FACILITY**

A health care institution that provides treatment to an individual experiencing a behavioral health issue, as defined in A.A.C. R9-10-101. A behavioral health residential facility provides a structured treatment setting with 24 hour supervision and counseling or other therapeutic activities for persons with behavioral needs. For the purposes of this policy, a behavioral health residential facility is defined as a facility operating using the AHCCCS provider type B8 “Behavioral Health Residential Facility”.

CARDIOLOGIST, ADULT

A medical doctor who specializes in the diagnosis and treatment of diseases of the heart and blood vessels or the vascular system. For the purposes of this Policy, an adult Cardiovascular Specialist is defined as a provider operating using the AHCCCS provider types 08 “Physician”, or 31 “Osteopath”, and with the specialty code 62 “Cardiovascular Medicine” or 927 “Cardiologist”.

The time and distance for these providers is measured using the Contractor’s population of members aged 21 years or older.

**CARDIOLOGIST,
PEDIATRIC**

A medical doctor who specializes in the study or treatment of heart diseases and heart abnormalities. For the purposes of this Policy, an Pediatric Cardiologist is defined as a provider operating using with the AHCCCS provider types 08 “Physician”, or 31 “Osteopath”, and with the specialty codes 062 “Cardiovascular Medicine”, 151 “Pediatric Cardiologist”, or 927 “Cardiologist”.

The time and distance for these providers is measured using the Contractor’s population of members under the age of 21 years old.

**CRISIS STABILIZATION
FACILITY**

An inpatient facility or outpatient treatment center licensed in accordance with 9 A.A.C. 10, that provides crisis intervention services (stabilization). For the purposes of this policy, a Crisis Stabilization Facility is defined as a facility operating using the AHCCCS provider type 02 “Hospital” that has an organized psychiatric unit, 71 “Level I Psychiatric Hospital”, IC “Integrated Clinic”, 77 “Behavioral Health Outpatient Clinic”(24 hours per day, seven days per week access), B5 “Level I Subacute facility” (non-Institute for Mental Disease [IMD]), B6 “Level I Subacute facility” (IMD), and B7 “Crisis Service Provider”.

DENTIST, PEDIATRIC

A medical professional regulated by the State Board of Dental Examiners and operating under A.R.S. §32-1201. For the purposes of this policy, Dentists are defined as a provider operating using the AHCCCS provider type 07 “Dentist” with the specialty code of “800- Dentist- General”, or “804- Dentist- Pediatric”

The time and distance for these providers is measured using the Contractor’s population of members under the age of 21 years old.

DISTRICT

A Service District is a section of Maricopa or Pima County defined by zip code for purposes of establishing and measuring minimum network standards for DD Group Homes and Assisted Living Facilities. See “ County and District Definitions” below.

**GROUP HOME FOR
PERSONS WITH
DEVELOPMENTAL
DISABILITIES**

A residential setting for not more than six persons with developmental disabilities, regulated by the Arizona Department of Economic Security. Refer to A.A.C. Title 9, Chapter 33, Article 1 and A.R.S. §36-551. For the purposes of this policy, a DD Group Home is defined as a facility operating using the AHCCCS provider type 25 “Group Home (Developmentally Disabled)”.

HOSPITAL

A class of health care institution that provides, through an organized medical staff, inpatient beds, medical services, continuous nursing services, and diagnosis or treatment to a patient. Refer to A.A.C. Title 9, Chapter 10, Article 1 and A.R.S. Title 36, Chapter 4, Article 1, 2, and 3. For the purposes of measuring network sufficiency, a hospital is defined as a facility operating using the AHCCCS provider type 02 “Hospital” or C4 “Specialty Pier Diem Hospital.

IN HOME CARE SERVICES

For the purposes of this Policy, In Home Care Services are defined as Home and Community Based “Critical Services” under ACOM Policy 413. These are Attendant Care, Personal Care, Homemaking, and Respite Care.

**MULTI-SPECIALTY
INTERDISCIPLINARY
CLINIC (MSIC)**

An established facility where specialists from multiple specialties meet with members and their families for the purpose of providing interdisciplinary services to treat members.

**NURSING FACILITY
(NF)**

A health care institution that provides inpatient beds or resident beds and nursing services to persons who need continuous nursing services but who do not require hospital care or direct daily care from a physician. For the purposes of this Policy, a Nursing Facility is defined as a health care institution operating using the AHCCCS provider type 22 “Nursing Home”.

The time and distance for these providers is measured using the Contractor’s population of members currently residing in their Own Home.

**OBSTETRICIAN/
GYNECOLOGIST
(OB/GYN)**

A healthcare practitioner responsible for the management of female reproductive health, pregnancy and childbirth needs. Or - who possess special knowledge, skills and professional capability in the medical and surgical care of the female reproductive system and associated disorders. For the purposes of this Policy, an OB/GYN is defined as a provider operating using the following AHCCCS provider types:

Provider type 08 “Physician”, 19 “Registered Nurse Practitioner” or 31 “Osteopath”, and with at least one of the specialty codes:

- a. 089 – Obstetrician/ Gynecologist
- b. 090 – Gynecologist
- c. 091 – Obstetrician
- d. 095-Women’s HC/OB-GYN NP
- e. 181 – Surgery-Obstetrical
- f. 219 – Surgery-Gynecological

The time and distance for these providers is measured using the Contractor’s population of female members aged 15 to 45 years old.

OWN HOME

An ALTCS member's residential dwelling, including a house, a mobile home, an apartment, or similar shelter. A home is not a facility, a setting, an institution or an ALTCS HCB approved alternative residential setting.

PHARMACY

A facility regulated by the State Board of Pharmacy and operating under A.R.S. §32-1901. For the purposes of this policy, a Pharmacy is defined as a provider operating using the AHCCCS provider type 03 “Pharmacy”.

**PRIMARY CARE
PHYSICIAN (PCP),
ADULT**

A healthcare practitioner responsible for the management of a member's health care. For the purposes of this Policy, an Adult PCP is defined as a provider operating using the following AHCCCS provider types:

1. Provider type 08 "Physician" and 31 "Osteopath", with the specialty codes:
 - a. 050-Family Practice,
 - b. 055-General Practice,
 - c. 060-Internal Medicine,
 - d. 089-Obstetrician and Gynecologist, or
 - e. 091-Obstetrician
2. Provider type 19 "Registered Nurse Practitioner" with the specialty codes:
 - a. 084 - RN Family Nurse Practitioner
 - b. 095-Women's HC/OB-GYN NP,
 - c. 097 - RN Adult Nurse Practitioner, or
3. Provider type, 18 "Physician Assistant" with the specialty code:
 - a. 798 - Physician's Assistant.

The time and distance for these providers is measured using the Contractor's population of members aged 21 years or older.

**PRIMARY CARE
PHYSICIAN (PCP),
PEDIATRIC**

A healthcare practitioner responsible for the management of a member's pediatric health care needs. For the purposes of this Policy, a Pediatric PCP is defined as a provider operating using the following AHCCCS provider types:

1. Provider type 08 "Physician" or 31 "Osteopath", and with at least one of the specialty codes:
 - a. 050-Family Practice,
 - b. 150-Pediatrician,
 - c. 176 Adolescent Medicine or
2. Provider type 19 "Registered Nurse Practitioner" with the at least one of the specialty codes:
 - a. 084-RN Family Nurse Practitioner
 - b. 87-RN Pediatric Nurse Practitioner,
 - d. 097 - RN Adult Nurse Practitioner, or
3. Provider type, 18 "Physician Assistant" with the specialty code:
 - b. 798 - Physician's Assistant.

The time and distance for these providers is measured using the Contractor's population of members under the age of 21.

**PROVIDER AFFILIATION
TRANSMISSION (PAT)
FILE**

A data file which provides details of the providers within the Contractor's network and is used to measure compliance with this policy.

COUNTY AND DISTRICT DEFINITIONS

1. Split zip codes occur in some counties. Split zip codes are those which straddle two different counties. Enrollment for members residing in these zip codes is based upon the county and to which the entire zip code has been assigned by AHCCCS. The Contractor shall be responsible for ensuring that all members residing in the zip code that is assigned to the county in which it is contracted to provide services are fully able to access care. The split zip codes are assigned as follows:

ZIP CODE	SPLIT BETWEEN THESE COUNTIES	COUNTY ASSIGNED TO
85140	Pinal and Maricopa	Maricopa
85120	Pinal and Maricopa	Maricopa
85142	Pinal and Maricopa	Maricopa
85342	Yavapai and Maricopa	Maricopa
85390	Yavapai and Maricopa	Maricopa
85643	Graham and Cochise	Cochise
85645	Pima and Santa Cruz	Santa Cruz
85943	Apache and Navajo	Navajo
86336	Coconino and Yavapai	Yavapai
86351	Coconino and Yavapai	Coconino
86434	Mohave and Yavapai	Mohave
86340	Coconino and Yavapai	Yavapai
85143	Pinal and Maricopa	Maricopa

The following zip codes have been re-assigned outside of their originally assigned counties:

ZIP CODE	ORIGINAL COUNTY ASSIGNED	COUNTY RE-ASSIGNMENT 10/1/15
85192	Gila and Pinal	Graham
85542	Gila and Pinal	Graham
85550	Gila and Pinal	Graham

2. For purposes of this Policy, Maricopa and Pima Counties are further subdivided into districts. Below is the definition of these districts:

a. Maricopa County

MARICOPA DISTRICT	DESCRIPTION	ZIP CODES
<i>DISTRICT 1</i>	Phoenix	85022, 85023, 85024, 85027, 85029, 85032, 85054, 85050, 85053, 85085, 85086, 85087, 85254, 85324, 85331
<i>DISTRICT 2</i>	Carefree, Cave Creek, Fountain Hills, Scottsdale	85250, 85251, 85255, 85256, 85257, 85258, 85259, 85260, 85262, 85263, 85264, 85268
<i>DISTRICT 3</i>	Phoenix	85012, 85013, 85014, 85015, 85016, 85017, 85018, 85019, 85020, 85021, 85028, 85051, 85253
<i>DISTRICT 4</i>	Phoenix	85003, 85004, 85006, 85007, 85008, 85009, 85025, 85034, 85040, 85041, 85042, 85044, 85045, 85048
<i>DISTRICT 5</i>	Buckeye, Goodyear, Phoenix, Tolleson, and Gila Bend	85031, 85033, 85035, 85037, 85043, 85322, 85323, 85326, 85338, 85339, 85353, 85337
<i>DISTRICT 6</i>	Glendale	85301, 85302, 85303, 85304, 85305, 85306, 85308, 85310
<i>DISTRICT 7</i>	El Mirage, Peoria, Sun City, Sun City West, Surprise and Wickenburg	85275, 85307, 85309, 85335, 85340, 85342, 85345, 85351, 85355, 85361, 85363, 85373, 85374, 85375, 85379, 85381, 85382, 85383, 85387, 85388, 85390, 85395, 85396
<i>DISTRICT 8</i>	Mesa, Tempe	85120, 85201, 85202, 85203, 85204, 85205, 85206, 85207, 85208, 85209, 85210, 85212, 85213, 85215, 85218, 85219, 85220, 85256, 85281, 85282
<i>DISTRICT 9</i>	Chandler, Tempe, Gilbert, Queen Creek, Sun Lakes	85140, 85142, 85143, 85222, 85224, 85225, 85226, 85233, 85234, 85242, 85243, 85248,

MARICOPA DISTRICT	DESCRIPTION	ZIP CODES
		85249, 85283, 85284, 85296 85297

b. Pima County

PIMA DISTRICT	DESCRIPTION	ZIP CODES
<i>DISTRICT 1</i>	Northwest	85321, 85653, 85658, 85701, 85704, 85705, 85737, 85739, 85741, 85742, 85743, 85745, 85755
<i>DISTRICT 2</i>	Northeast	85619, 85702, 85712, 85715, 85716, 85718, 85719, 85749, 85750
<i>DISTRICT 3</i>	Southwest	85601, 85614, 85622, 85629, 85713, 85714, 85723, 85724, 85735, 85736, 85746, 85757
<i>DISTRICT 4</i>	Southeast	85641, 85706, 85708, 85710, 85711, 85730, 85747, 85748

III. POLICY
A. STATEWIDE TIME AND DISTANCE NETWORK STANDARDS

For each county in the Contractor's assigned service area, the Contractor shall have a network in place to meet time and distance standards outlined below:

1. Behavioral Health Outpatient and Integrated Clinic, Adult (All Contractors except DDD)
 - a. Maricopa, Pima - 90% of membership does not need to travel more than 15 minutes or 10 miles from their residence,
 - b. All Other Counties - 90% of membership does not need to travel more than 60 miles from their residence.

The time and distance for these providers is measured using the Contractor's population of members aged 18 years or older.

2. Behavioral Health Outpatient and Integrated Clinic, Pediatric (All Contractors except DDD)
 - a. Maricopa, Pima - 90% of membership does not need to travel more than 15 minutes or 10 miles from their residence,

- b. All Other Counties - 90% of membership does not need to travel more than 60 miles from their residence.

The time and distance for these providers is measured using the Contractor's population of members under the age of 18 years old.

- 3. Behavioral Health Residential Facility (All Contractors except DDD)
 - a. Maricopa, Pima - 90% of membership does not need to travel more than 15 minutes or 10 miles from their residence,
 - b. All Other Counties – See ACOM Policy 415.
- 4. Cardiologist, Adult
 - a. Maricopa, Pima - 90% of membership does not need to travel more than 30 minutes or 20 miles from their residence,
 - b. All Other Counties – 90% of membership does not need to travel more than 75 minutes or 60 miles from their residence.

The time and distance for these providers is measured using the Contractor's population of members aged 21 years or older.

- 5. Cardiologist, Pediatric
 - a. Maricopa, Pima - 90% of membership does not need to travel more than 60 minutes or 45 miles from their residence,
 - b. All Other Counties – 90% of membership does not need to travel more than 110 minutes or 100 miles from their residence.

The time and distance for these providers is measured using the Contractor's population of members under the age of 21 years old.

- 6. Crisis Stabilization Facility (RBHA Contractors Only)
 - a. Maricopa, Pima - 90% of membership does not need to travel more than 15 minutes or 10 miles from their residence,
 - b. All Other Counties – 90% of membership does not need to travel more than 45 miles from their residence.
- 7. Dentist, Pediatric
 - a. Maricopa, Pima - 90% of membership does not need to travel more than 15 minutes or 10 miles from their residence,
 - b. All Other Counties – 90% of membership does not need to travel more than 40 minutes or 30 miles from their residence.

The time and distance for these providers is measured using the Contractor's population of members under the age of 21 years old.

8. Hospital

- a. Maricopa, Pima - 90% of membership does not need to travel more than 45 minutes or 30 miles from their residence,
- b. All Other Counties – 90% of membership does not need to travel more than 95 minutes or 85 miles from their residence.

9. NF (ALTCS/EPD Contractors Only)

- a. Maricopa, Pima - 90% of membership does not need to travel more than 45 minutes or 30 miles from their residence,
- b. All Other Counties – 90% of membership does not need to travel more than 95 minutes or 85 miles from their residence.

The time and distance for these providers is measured using the Contractor's population of members currently residing in their Own Home.

10. OB/GYN

- a. Maricopa, Pima - 90% of membership does not need to travel more than 45 minutes or 30 miles from their residence,
- b. All Other Counties – 90% of membership does not need to travel more than 90 minutes or 75 miles from their residence.

The time and distance for these providers is measured using the Contractor's population of female members aged 15 to 45 years old.

11. Pharmacy

- a. Maricopa, Pima - 90% of membership does not need to travel more than 12 minutes or 8 miles from their residence,
- b. All Other Counties – 90% of membership does not need to travel more than 40 minutes or 30 miles from their residence.

12. PCP, Adult

- a. Maricopa, Pima - 90% of membership does not need to travel more than 15 minutes or 10 miles from their residence,
- b. All Other Counties – 90% of membership does not need to travel more than 40 minutes or 30 miles from their residence.

The time and distance for these providers is measured using the Contractor's population of members aged 21 years or older.

13. PCP, Pediatric

- a. Maricopa, Pima - 90% of membership does not need to travel more than 15 minutes or 10 miles from their residence,
- b. All Other Counties – 90% of membership does not need to travel more than 40 minutes or 30 miles from their residence.

The time and distance for these providers is measured using the Contractor's population of members under the age of 21.

B. OTHER STATEWIDE NETWORK STANDARDS

In addition to the time and distance standards outlined above, the Contractor shall document a sufficient network to meet the service needs of its members based upon the minimum network requirements delineated in Attachment A.

1. DD Group Home, Assisted Living Center and Assisted Living Home/Adult Foster Care Home Network Standards
 - a. ALTCS/EPD and DDD Contractors shall have contracts with a minimum number of ALC, ALH and AFC providers as identified in Attachment A. The DDD Contractor shall have contracts with a minimum number of DD Group Homes as identified in Attachment A,
 - b. Attachment A includes a tab detailing the minimum network requirements in each for ALTCS/EPD and DDD Contractors. Network requirements include minimum contracts within a specific city or group of cities, contracts within specified distances to specific cities, or minimum contracts within a county. In certain instances, locations outside of a county's boundary have been identified. This is to allow members to access services in the most geographically convenient location possible and to prevent members from traveling much greater distances to obtain care, but at the same time accommodate network availability in each county.
 2. Statewide In Home Care Network Standards
 - a. ALTCS/EPD and DDD Contractors shall comply with network standards for the following critical in home care services, Attendant Care, Personal Care, Homemaking, and Respite Care,
 - b. All ALTCS/EPD and DDD Contractors shall ensure that the total gap hours represent no more than 0.05% of critical services scheduled in a given month as reported in its monthly Gap in Services Log.
- See ACOM Policy 413 for details of this process.
3. Multi-Specialty Interdisciplinary Clinic (MSIC) Network Standards
 - a. The Contractor is expected to contract with all MSICs in the assigned GSA(s), as well as any MSICs which have provided services to the Contractor's members.
 - b. The Contractor shall identify all contracted MSICs in Attachment A, including any multispecialty interdisciplinary care providers it has contracted with and the AHCCCS approval date.
 4. Mobile Crisis Team Requirements
 - a. The RBHA Contractor serving Maricopa County shall require mobile crisis teams to respond on site within an average of 60 minutes of receipt of the call,

- b. RBHA Contractors serving all other areas of the state shall require mobile crisis teams to respond on site within an average of 90 minutes of the receipt of the call,
- c. The Contractors shall report in Attachment A the minimum, maximum, mean and median response times in their Contracted area for each of the months in the reporting quarter.

C. NETWORK STANDARD REQUEST FOR EXCEPTION PROCESS

1. A Contractor may request an exception to the network standards outlined in this policy. The request must be submitted as specified in Contract and include the following required elements:
 - a. The county or counties covered under the exception request,
 - b. The provider types covered under the exception request,
 - c. A geospatial analysis showing the current member access to the provider types and counties covered under the exception request,
 - d. An explanation describing why the Contractor cannot meet the established network standard requirements,
 - e. The Contractor's proposal for monitoring and ensuring member access to services offered by the provider types under the exception request, and
 - f. The Contractor's plan for periodic review to identify when conditions in the exception area have changed, and the exception is no longer needed.
2. AHCCCS will review the exception request submitted and make a determination based upon criteria including, but not limited to the following:
 - a. The total number of providers in the same specialty practicing in the county,
 - b. The geographic composition of the county,
 - c. Provider willingness to enter into a contract,
 - d. The availability of I.H.S. or 638 facilities available to the American Indian population in the county,
 - e. The availability of alternative service delivery mechanisms available, such as telemedicine, telehealth, or virtual or mobile services, and
 - f. The Contractor's proposal for monitoring and ensuring member access.

D. NETWORK OVERSIGHT REQUIREMENTS

1. Minimum Network Standards Reporting Requirements
 - a. The Contractor shall submit a completed Attachment A reporting its compliance with time and distance standards, as applicable. Attachment A shall be submitted as specified in Contract. The Contractor shall report compliance with these requirements for each county in its assigned service area. A separate report shall be submitted for each line of business,
 - b. The Contractor must analyze compliance with these standards based upon the provider network reported through the Contractor's Provider Affiliation Transmission (PAT) and the Gap in Services Log. With the submission of Attachment A, the Contractor shall include a summary including, at a minimum, the following:
 - i. The Contractor's strategies and efforts to address any areas of non-compliances,

- ii. A summary of exceptions granted to the network standards outlined in this policy, and the results of the Contractor's monitoring of member access to the services governed under the exception,
 - iii. (DDD Only) Any areas of non-compliance by its subcontracted health plans with network standards outlined in this policy, including strategies and efforts to address areas of non-compliance, and
 - iv. (RBHAs Only) An assessment of the Contractor's Mobile Crisis Team compliance with the response time requirements of the RBHA contracts, Section 4 Scope of Services, addressing any patterns, trends, or corrective action taken.
2. Network Planning Requirements
- a. The Contractor shall take steps to ensure these networks standards are maintained. If established network standards cannot be met, the Contractor must identify these gaps and address short and long-term interventions in the Network Development and Management Plan as outlined in ACOM Policy 415. When an exception has been granted, the Contractor shall address the sufficiency of member access to the area, and assess the continued need for the exception,
 - b. DDD and its subcontracted health plans shall review their networks for compliance with this Policy. DDD shall report to AHCCCS its subcontracted health plans' network gaps and short and long-term interventions to address the gaps, in its annual Network Development and Management Plan as outlined in ACOM Policy 415.